FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)					Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple: If typying, type the lines	12FE4M		
BARBARA LE	E FOR CONGRES	\$ !	111	1 1 1 1 1 1 1	1111		
			1 1 1		1111		
ADDRESS (number and	street) 1736	FRANKLIN STF	REET #4	) <b>0</b>			
X (Check if add is changed)		LAND			<u>CA</u>	94612	
001111177770	ADDDEO0		CITY		STATE	ZIP CODE ▲	
FECcomplian	CE@leeforcongres	s.org			1111		
				<u> </u>			
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)					
barbaraleesp	eaksforme.org		1 1 1				
			111				
COMMITTEE'S FAX 5106631573	NUMBER	J					
2. DATE <b>M 0</b> 1	M / D D / Y	2007					
3. FEC IDENTIFICATION NUMBER C C00331769							
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)			
I certify that I have exam	nined this Statement and	to the best of my kno	owledge an	d belief it is true, correc	et and complete		
Type or Print Name of	Treasurer	I. Lee Halterma	n				
Signature of Treasure	r Electronically Filed	d by H. Lee Ha	lterman		Date 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of fa			-	e person signing this S	•	enalties of 2 U.S.C. S437g.	
Office Use Only				For further information Federal Election Communication Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2003)	